

Morrigan:

All right. Thank you so much for being with us at the third and final webinar, "Let's Talk About Sex Education for Disabled Youth: Developing Comprehensive and Inclusive Sex Ed for Educators". My name is Morrigan, and I'm a community research liaison with the University Center for Excellence and Developmental Disabilities at the Oregon Health and Science University.

The Oregon Health and Science University sits on the occupied land of the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya, Molalla, Wasco, and many other indigenous nations of the Willamette Valley and Columbia River Plateau. Before we introduce our presenter today, let's go over a few details about this webinar.

American Sign Language interpretation is available for today's webinar. Thank you, Sarah and McKay for being here this evening. Spanish language interpretation is available, thank you Victor and Rosie for being here with us.

And now to introduce our presenter. Robin is a speaker, writer and advocate for disability and sexuality and one of the first people to talk about disability sexuality and marketing to adult product retailers and manufacturers. She combines years of personal experience with medically sound research to provide a unique perspective on how life and identity impact one's sexual expression.

Her speaking engagements include multiple keynotes and panels, including the Executive Office of the Vice President of the United States and three consecutive years speaking at the Adult Video News Convention in Las Vegas. Her work has not only helped tens of thousands of disabled people, but also inspired many others to become advocates for sexuality and disability in education, an incredibly underserved area. Robin is certified by the American Board of Sexology and City College of San Francisco as a sexual health educator. In addition, she's a member of the Association of American Sexual Educators Counselors and Therapists (AASECT), the Women of Color Sexual Health Network, and a graduate and member of the San Francisco Sexuality Information Training.

Robin is a deep-fried southern woman, mid-century buff, and proud mama of one son. All right, Robin.

Robin:

Hi welcome to "Let's Talk About Sex and Education for Disability Developing Comprehensive and Inclusive Sexual Health Education." My name is Robin Wilson-Beattie. My pronouns are she and her, I am disability and sexual and reproductive health educator, speaker, and writer. I identify as Black, a mom, a woman, disabled, and southern. I love researching, studying, and discussing human sexuality, particularly as it relates to the disabled life experience. You can find me on X, formerly known as Twitter, @sexAbled, or on my website robinwb.com.

So, sexuality is a natural and biological part of being human. Learning about sexual health and healthy expressions of sexuality is essential. People with disabilities are also sexual human beings, whether or not society acknowledges or addresses this fact. As a result, students and young people with disabilities enrolled in special education courses receive little to no sexual education in their schools or at home.

This webinar is designed to demonstrate to educators the importance of providing comprehensive sexual health education for students with disabilities that is inclusive, accessible, and culturally competent. Utilizing a Disability Justice centered platform, you will learn from discussion and examples of ways to develop a sexual health curriculum for transition or disability programs and students in ways that acknowledge and allow for differences in students' comprehension and understanding.

In this hour we will discuss the following: Why is sex ed important for people with disabilities? What is Disability Justice? And, what does this framework have to do with sex ed? Intersectionality--culture, race, economics, sexual orientation, ability, and gender: How identity impacts a student's sexuality.

Comprehensive sex ed: What topics does that include? What should it cover? Sexual health, sexual orientations, puberty, contraception, masturbation, relationships, pregnancy, dating, pleasure, consent, sexual assault.

Sex ed curriculum: What information is available for educators to access and adapt? What are examples of good information out there? How can sex education information be presented so that students of various levels of ability can understand in a way that is meaningful for them?

So, why is it essential for students with disabilities to receive a comprehensive sexuality education? It's the same reason students without disabilities need sex ed. Sexuality is part of being human. Hardwired into a person's biological makeup, sexual urges and drives are instinctual. Bodies were anatomically designed to mature and participate in sexual expression.

Disability is a natural part of the human condition, occurring at any point from birth, and developing over time. Acquiring, you can acquire one from outside forces and influences or it can come as part of the aging process. Sexuality is physically and socially a critical health and wellness aspect of humanity. Learning about these things is all part of receiving comprehensive sexual education, which is needed for both individual and community as a matter of public health and safety.

Sexual rights are universal human rights for societies that uphold principles of freedom, dignity and equality. Disabled people, as humans, are entitled to receive sexual health information in adaptive and accessible ways that allow for understanding this crucial information. The diversity of disability means that comprehensive sexual health education should be applicable, adaptable, and in accessible formats that addresses the individual's particular needs. Our society sees it as a person's right to learn about their body and how it functions.

People with disabilities have the exact basic needs as people without, and denying their sexuality strips them of their humanity and personal agency. Societies must acknowledge that disabled people are complete people with sexual desires, and as such, entitled to an education. Disabled people are interested in and desire sexual expression, because regardless of the nature of their disability, human instinct and biology show up and present themselves. Puberty, hormones, menstruation, pregnancy, sexually transmitted diseases, these organic processes occur in commonality, regardless of ability.

Another rationale for having comprehensive sexual education with a disabled focus is a matter of safety. Having information to explain what sexual abuse and assault are and what they can look like is vital for everyone to learn. Still, it's particularly significant for people with disabilities. People with disabilities are sexually assaulted at nearly three times the rate of people without disabilities. A 2005 survey of people with disabilities indicated that 60% of respondents had been subjected to some form of unwanted sexual activity. Unfortunately, almost half never reported the assault. In general, people with disabilities experience domestic and sexual violence at higher rates than people who do not have a form of disability.

Consider the following, 83% of women with disabilities will be sexually assaulted in their lives. Just 3% of sexual abuses involving people with developmental disabilities are ever reported. 50% of girls who are deaf have been sexually abused compared to 25% of girls who are hearing. 54% of boys who are deaf have been sexually abused in comparison to 10% of boys who would who are not deaf.

Women with a disability are far more likely to have a history of undesired sex with an intimate partner 19.7% versus 8.2% of people without disabilities. Approximately 80% of women and 30% of men with developmental disabilities have been sexually assaulted, and half of these women have been attacked more than 10 times.

So, with these figures, you can see why youth need this information about consent and about their rights to not be assaulted or abused. However, outside of safety and biological functionality, discussion of the pleasurable aspects of sexual expression are also vital. Sex feels amazing. A key element of comprehensive sex education is having age appropriate spaces to talk about these feelings and the consensual ways that people can give and receive pleasure.

So here we're going to watch a video.

[Video narration]

Alex (teen boy that uses a wheelchair): [On the phone] Great, so I'll see you at seven. [Hangs up phone]

Teen Boy: Hey, Alex! Was that about young inventors club? Tonight I'm unveiling my latest creation, the pizza Taco. It's gonna be incredible.

Alex: Oh, sorry, I was gonna tell you, I can't make it tonight. I'm actually going mini golfing with Jillian Peters.

Teen Boy: Jillian Peters, student body president, first chair clarinet in Stage Band, fifth level warlock on our ongoing medieval roleplaying campaign. She is so cool.

I didn't even know you were into that.

Alex: Medieval role-playing games?

Teen Boy: No, like you know, dating. I mean, I hope it's okay to ask but can your parts do stuff?

Alex: Actually, my parts work just fine. Just because I'm in a wheelchair, it doesn't mean I don't have crushes or feel attracted to people.

In fact, no matter what our bodies can or can't do physically, people with disabilities have the same sexual and romantic feelings as anyone else.

Teen Girl: And, like anyone else, people with disabilities have various sexual orientations and gender identities too. From heterosexual, to gay, cisgender, to trans, across a full spectrum of sexuality.

Teen Boy: But are relationships more difficult for people with disabilities?

Alex: Well, regardless of my physical ability, I want the same things from a healthy relationship as everyone. Respect, communication, consent, and fun. And, like everyone, I sometimes have questions about relationships. Like, how do I know if someone's interested in me? How do I ask someone out? Or, how do I turn someone down if I'm not interested?

Teen Girl: Putting yourself out there in trying to date can make anyone feel nervous or scared, but the more you educate and understand yourself and your own value, the better you'll get at feeling confident and making healthy decisions.

Alex: There are certain issues that people with disabilities could be more likely to face. Sometimes it can feel like parents are overprotective when it comes to dating.

Or, friends might not think of us in a romantic way because they don't understand that we have the same kinds of feelings. And there are some specific challenges that a person with disabilities might have to deal with. For example, if you have trouble communicating verbally, you'd have to find ways other than speech to express yourself or give consent, like using body language, adaptive devices, or pictures.

Teen Girl: Think of it this way, everyone's body is different and needs help from time to time, and regardless of a person's physical ability they can have the same feelings, hopes, and dreams as anyone.

Teen Boy: Thanks guys, I think I get it now. Sorry I didn't understand before, Alex.

Alex: It's okay.

Teen Boy: And you know what, I've got something that's going to make your date with Jillian even more awesome. One New York-style soft shell pepperoni and one hard shell deep dish Bean Blaster.

Teen Boy: Thanks, but were those in your pockets?

[End Video]

Robin:

The disability rights movement is a global social movement to secure equal opportunities and rights for all people with disabilities. It's made up of organizations of disability activists around the world working together with similar goals and demands, such as accessibility, and safety, and architecture, transportation, and the physical environment, equal opportunities in independent living, employment, equity, education, and housing, and freedom from discrimination, abuse, neglect, and other rights violations.

Disability rights activists are working to break institutional, physical, and societal barriers that prevent people with disabilities from living their lives

like other citizens in the community. However, when discussing disability, you can't look through people through a single lense and assume that choices and access to resources and connections are available to everyone.

The Disability Justice framework acknowledges that the entirety of a person is impacted by society, and that disability is not a single issue of status and struggle. A person's various identities affect their experiences and social inclusion.

Disability Justice as a theoretical framework was created in 2005 by Patty Burn, Mia Mingus and Stacy Milbern, and joined later by Leroy Moore, Eli Clare, and Sebastian Margaret. This framework was established to specifically center multiple oppressed disabled individuals. Example: Black, Indigenous, people of color, queer, trans, immigrant, poor, homeless, and incarcerated disabled folks.

A Disability Justice framework understands that all bodies are unique and essential and have strengths and needs that must be met. We know that we are powerful, not despite the complexities of our bodies, but because of them. We understand that all bodies are caught in these bindings of ability, race, gender, sexuality, class, nation state, and imperialism, and that we cannot separate them. These are the positions from which we struggle. We are in a global system that is incompatible with life.

There is no way to stop a single gear in motion. We must dismantle this machine. That was the words of Patty Burn, one of the founders and creators of the Disability Justice platform and also of the group Sins Invalid. Here is a short video where the late disability advocate and activist Stacy Milbern and Patty Burn discuss ableism and Disability Justice:

[Video]

Stacey Milbern (Organizer, Sins Invalid):

...think about Disability Justice, I think about being a little girl and so many years spent walking instead of using a wheelchair. And like my so many years spent thinking like, "Oh, how far do I have to walk until I sit down?" or "What am I going to do if I'm going to fall?" Or, you know, just being feeling really really concerned by physicality that when I started using wheelchair, like, instantly went away. And I was so shocked that for so

long that wheelchair was thought to be this, you know, like the end of a good life, and really it was the opposite and it was so liberating.

And you know people have used the word like "wheelchair bound" and I found that it was really the opposite. Like I really got to be a kid once I started using a chair. Or you know, or I think about going to physical therapy three times a week and like being really resentful around "Why am I doing this?" Is it like, what's the purpose, because I'm not interested in like this obsession with walking or having, you know, a straight head instead of a tilted head.

Or you know, walking side to side instead of, whatever. Or all the, you know, being a young girl and doing all of these surgeries and feeling like, do these surgeries really benefit me? Why are they making me do this when it's really overall so insignificant? But you know, again, things like a neck straightening surgery. You miss a whole summer of being a kid and it's just so that your head looks straighter and not really medically necessary. But--

Patty Berne (Director, Sins Invalid):
Wow.

Stacey Milbern:

But, so much of that is around, like, I think about my mom, and you know my dad being gone, and so she's Korean mom with all of these white doctors and then telling her she's not being a good mom if I don't do these surgeries.

And is medicine about quality of life, or is it about social control and perpetuating this idea of a good body.

Patty Berne:

Ableism is the bane of my ... existence. Ableism is--It's funny, because people are like, "Oh, I'm so sorry that you're disabled," and it's absurd. I kind of want people to be like, "Oh I'm so sorry that we live in ableism and I'm perpetuating it every day." Like, that's an appropriate thing to be all ... about.

Stacey Milbern:

I think there's a political understanding, so ableism as a system of oppression that favors able-bodiedness at any cost, frequently at the expense of people with disabilities. And, I think ableism touches every aspect of life. Earlier, you were talking about internalized ableism and all of these values that people with disabilities adopt, and carry shame, and it's like so heavy, such a heavy coat, you know.

And then, I think there's ways ableism gets played out interpersonally between non-disabled people and people with disabilities. We know that the employment rate for people with disabilities has barely shifted over the last 40 years. We know so many people with disabilities are still locked away in institutions or in back rooms. So, there's that interpersonal and systemic piece and then also the institutional ableism. So what systems are in place that continually keep people with disabilities out.

There's a lot of conversation to be had too I think about all the ways that ableism and racism and classism and heterosexism and all forms of oppression like really work together to, yeah, keep people out.

Patty Berne:

I remember being little and being outside of a grocery store and, this is before the ADA, and there were these big poles to keep the shopping carts in and that also kept people in chairs out.

And so, you know people would tie their dogs on the poles, and I would like hang out with the dogs outside because I couldn't go in the grocery stores, you know. And I mean that's what it looks like when you don't have access, right, and you just get literally left outside.

[End Video]

Robin:

So part of Disability Justice are these 10 principles of Disability Justice, and they they're listed as following: Intersectionality, which we'll talk about more in depth after this slide; Leadership of the most impacted; anti-capitalist politic; Commitment to cross-movement organizing; Recognizing wholeness, recognizing that people with disabilities are complete and whole as they are; Sustainability, how do you take breaks and how do you keep yourself going when you're doing this work; Commitment to cross-disability solidarity, this is realizing that, you know, that disabled groups

and organizations, we will need to work together to help achieve the same goals; Interdependence, we are all connected to each other and as such, that's how we get along through life. We are human beings, by nature are interdependent. Collective Access and Collective Liberation. Those are, these are the principles.

Kimberly Renee--The Disability Justice framework also incorporates that term of "intersectionality". And that's a term coined by legal scholar Kimberly Crenshaw. Drawing on Black feminist and critical legal theory, intersectionality refers to the multiple social forces and identities through which power and disadvantage are expressed and legitimized.

Intersectionality helps explain the realities of people who have various identities in which they experience oppression and how they not only contend with the harms of each of these separate identities. For example, being Black and being a person, a disabled person, but also experience compounded and unique harms at the particular intersection of those identities. For example, being a Black person with a disability.

Bodily autonomy is particularly vital for Black, Indigenous and people of color communities who have faced racism, discrimination, violence, and trauma throughout history and into the present. One of the most salient perpetrators has been and continues to be is the medical establishment through reproductive coercion, forced sterilization, unethical experimentation, and ongoing discrimination and bias.

For example, the practices of gynecology and obstetrics in the United States were built on the abusive and inhumane experimentation on enslaved black women, including developing cesarean and other surgical procedures on women without anesthesia.

The first oral contraceptive pill, heralded as the tool for the liberation of middle-class white women, was tested on women in Puerto Rico, often without their knowledge or consent.

BIPOC women and people with disabilities have also disproportionately been subject to forced sterilization laws and remain so to this day. This slide is a photo of some claimants, still surviving claimants, from North Carolina that were disabled and institutionalized and made to undergo forced sterilization. And so, you know, they sued to get reparations for that being done to them.

At this point we'll take a five-minute break and then we'll come back.

Welcome back.

So, sex education, or sex ed, describes classes or educational programs that aim to give people the necessary information and skills to make healthy decisions about sex and sexuality. These classes generally occur in school during your high school or both and in some cases even earlier in school. Still, they may also occur in community settings, or online, or in programs that help prepare disabled youth for becoming adults, known as transition programs.

Learning about sex and sexuality is crucial for people to make the best decisions for themselves. So, sex education programs must be comprehensive and culturally competent.

Comprehensive sex ed teaches young people that sexuality is a natural, standard, and healthy part of life. It provides values-based education where young people can explore and define their individual values and the values of their families and communities. It includes various sexuality-related topics, including human development, relationships, interpersonal skills, sexual expression, sexual health, society, and culture.

Comprehensive and culturally competent sex ed must also include information about reproductive rights and justice, consent, and LGBTQ identities, and must be medically accurate and culturally inclusive.

This education is critical for all people, including people with disabilities, to express their sexuality on their own terms. Comprehensive sex ed must include information on healthy sex and sexuality for people with disabilities. Sex ed should discuss intellectual and physical accommodations for people with disabilities, affirm that people with disabilities are sexual beings, since people with disabilities are so often seen or portrayed as either desexualized or hypersexualized, and affirm that people with disabilities can also be at risk for sexually transmitted infections and unintended pregnancy.

In general, comprehensive sex ed must include dispelling myths about sex and disability, including those around consent, sexuality and how people

with disabilities can experience sex while avoiding any fetishizing or any patronizing discussions.

People with disabilities also struggle to assert their sexuality due to the prevailing notion that they are unable to consent, which has historically been shared by medical professionals. People with disabilities are often forced to prove to the state that they can express or deny consent to sexual activity. There is no national consensus on what these types of consent assessments should entail but they generally touch on a person's knowledge surrounding the physical and emotional consequences of sex, their ability to engage in a rational process of decision making, and their understanding of choice.

This type of knowledge is generally covered in sex education classes, to which as previously stated, people with disabilities frequently lack access to. Therefore, many people with disabilities are judged incapable of consent based on knowledge that it itself is the result of inadequate and unavailable sex ed. The particular concerns of people with different types of disabilities as well as Black, Indigenous, and other people of color, and LGBTQ people with disabilities, should be included in creating these curriculum.

Comprehensive, lifelong, and individualized sexuality education is essential for all people to develop healthy self-esteem and relationships. Therefore, discussion and lessons about healthy and unhealthy relationships, dating, consensual behavior, hygiene, and grooming should be included in the curriculum. Self-esteem and lessons about its role in dating and relationships are essential to learn.

Sexual and reproductive health education is also essential to learn because education on genitalia, puberty, menstruation, menopause, and primary sexually related anatomical functions should be included in these lessons. This includes talking about birth control, contraception, and pregnancy.

Classes on sexual transmitted disease infection prevention, how to prevent them. For instance, function and proper use of condoms and what treatment is available if contracting a sexually transmitted infection. Those things are essential and necessary for individual and public health

reasons. It's also crucial for people to learn about appropriate times and places to engage in sexual activity.

Masturbation is a sexual activity that merits this kind of discussion, because often people with intellectual and developmental disabilities aren't taught why they feel like touching themselves or that self-pleasure is healthy and natural. People with disabilities are often shamed for masturbation, particularly when masturbating in spaces where it's deemed inappropriate.

Social stories are a learning tool that can help people with social or sensory needs understand social situations. They can teach people about events, skills, or topics. There are educator created resources that discuss masturbation using social stories.

Let's compare and contrast the following two stories, "My Good Hands" and "Keep Your Hands Out of Your Pants".

So this is--the story is called "My Good Hands", and to talk about masturbation:

"When I'm at school, I need to keep my hands out of my pants."

"No one else has their hands in their pants."

"My hands will be dirty if I put them in my pants."

"I keep my hands out of my pants at school."

"My friends, teachers, and family are happy when I don't put my hands in my pants."

So that is, that's one story. Here's another social story--Here's the other social story, "Keep Your Hands Out of Your Pants":

"Sometimes, I get nervous."

"When I get nervous, I might want to put my hands inside my pants."

"This is not a good choice. If others see me with my hands inside my pants, they may get upset."

"A better choice would be to hold a large crayon or a marker, hold a squishy ball, type on a computer or iPad."

"The above are good choices."

"I will read the social story every day."

"I will make good choices."

"I will try very hard to keep my hands out of my pants and when I forget, my teacher will remind me to read the social story again."

So, as you can see, the both of those stories are presenting the same idea, but in one, in this story "My Good Hands", it was set up with shame, because talking, referring to masturbation basically as dirty and that the reason why you want to do it is to make other people not public masturbate is to make other people happy.

In the social story of "Keeping Your Hands Out of Your Pants", that story broke down why someone might feel the urge to, you know, to masturbate in public. And it explained, you know, that you might be nervous, but it also explains the how it impacts the people around them sharing their space, and it gives some alternatives of what someone can do to mitigate those feelings of wanting to do that. So, it explained the how, the why, and giving and also and speaking about it as a choice.

Lack of comprehensive sex ed means people aren't taught why you don't touch or grab other body parts. Learning about consent is crucial in helping people learn about setting boundaries with their sexual behavior.

If people with disabilities choose to be sexual, sexuality education can offer some protection from sexual violence and abuse, unplanned pregnancy, and STIs.

Sexual health education materials and programs do exist that are designed to meet the needs of young people with disabilities. Whether young people go to a public or alternative schools, live in a home or in an

institution, they need appropriate sexual health education taught by trained teachers.

Although these general guidelines will be helpful, content and teaching methods must be modified to meet the individual's needs. Remember that regardless of the disability that they live with, young people have feelings, sexual desires, and a need for intimacy and closeness. And not just young people, all people.

To behave in a sexually responsible manner, they need skills, knowledge, and support. Some of the things that, okay so, understand that young people with disabilities, you know, are far more vulnerable to sexual abuse than their peers, especially those with developmental disabilities. Sexual health education must therefore encompass that knowledge and skills that describe and promote the healthy relationships. And to help reduce the risk of sexual abuse, being in a sexually abusive a relationship, and encourage people to report and seek help when faced with unwanted sexual advances.

Remember that young people with disabilities feel the same discomfort and suffer the same lack of information that hampers many of their peers regarding sexuality and sexual health.

Learn, as educators, learn as much as possible about the people you work with. Including their families, cultural traditions, and specific disabilities.

Ensure that the material addresses boundaries, and limits, and setting, and respecting others' boundaries.

Use role plays and interactive exercises when feasible. Use concrete examples. Abstract concepts such as love, or that a pregnancy results in having a baby nine months later can be complex for some people with disabilities to comprehend. The examples used need to be concrete in the present and almost tangible. Using pictures and videos is a suitable method.

Be creative, develop specialized teaching tools and resources for the young people you work with. For example, in working with those with developmental disabilities, you may need to use visuals like models, dolls and pictures. For young people with physical disabilities, it may be helpful

to use stories and examples of others with similar disabilities who are in loving, satisfying, intimate relationships.

So, some of the things that you need to consider are you can, you know, adapt existing curricula, sex ed curricula that's out there to fit the culture and needs of your students and clients, the people that you work with.

When teaching, you need to allow additional time. You need to also break it down, step by step instruction. One thing too that helps get concepts across, you need to repeat and reinforce often and also have a choice and have a chance to practice these skills. You can, you know, doing role play, or, you know, practicing on models, you know, like for instance, like how to use a condom or something.

Include the information on body parts, puberty, personal care, and hygiene. Talk about medical examination, talking about you know getting your sexual and reproductive health care, and what to expect, and, you know, and the kinds of exams that you will probably need to have, and why.

Social skills. Talking about social and self-esteem. That is crucial and key in talking about, especially when it comes to talking about relationships and, you know, and things to try to avoid being in an abusive relationship, and also self-esteem, you know, helps you realize that you have a right to be here and that you are whole as you are. So, you know those are things to incorporate in those kind of lessons.

Sexual expression, you also need to include information on sexual expression, contraception, and the rights and responsibilities of sexual behavior.

Use large print, use captioning in your videos, showing videos. Use suction cups on bottoms of models if you're using them, you know, in order to allow for various different physicalities to be able to interact with the model.

Use a lot of pictures, and photographs, and hands-on activities. And biologically and age appropriate information, in cognitively appropriate ways.

Plain language, not using, you know, the five dollar words to describe body parts. Also using assisted technology for learning, like condom demonstration models. Also, latex and scent free equipment. There, you know, the list can be endless. But creating a comprehensive disability inclusive curriculum, it sounds challenging, but searching online, globally, information, coursework, and lesson plans are available for research and use.

Earlier we discussed adapting curriculum to the student's particular needs. And so here, we can talk about what is out there. What lessons and plans are out there?

So, and talk about the different, what we have. These are all different types of training that's available and out there targeting different disability populations as far as ages. You know, some are for people disabled people in, you know, K12 education. Some of the stuff out here is for people of all ages, and there here is some training for transition programs.

So, some of the things, so flash lesson plans for special education, they haven't, they are free. These lesson plans have, they have it all broken down. They have PowerPoints and they have it, you know, separately indexed and that they break it down as far as, you know, relationships, and the self-esteem, gender identification, families, friendships and dating, acquaintances and strangers, not communication, nonverbal communication, assertiveness and asking for what you want, hearing no, lessons on decision making, touching, exploitation, and getting help (that's key). Understanding the body, your anatomy, all the body parts, understanding puberty, the all of the different phases you know that a person will experience as their body matures and develops sexually.

Sexual health and hygiene, and then also covering reproduction, pregnancy, parenthood, sexual decision-making, birth control, germs and risk. As you see, they've broken it down and they have--they said it right here--they've made it, you know, separately indexed and PowerPoint format so that people can access and print them. It is, wait hold on one second let me go back.

So, that was, you know, and that is free. The only drawback is it really hasn't been updated since 2011, so take that into consideration, but you can modify it if you want, you know, with current phrasing, current issues

and, you know, you can update it. But it is pretty comprehensive and all of these things that we've mentioned that are important, and that's what it covers.

There are also some paid trainings. "Elevatus" training, it is some amazing curriculum and they are experts in teaching about sexual and reproductive health for intellectual and developmental disabilities, and their training is available for purchase, and it is up to date. But it also, it's education for all ages, not just youth. A lot of the things out there are, you know, talking and talking about talking to disabled youth. But, you know, that's one.

There is also some other resources which will be in your information packs. Like, "Sexuality For All Abilities" is another program that's out there. There are "Advocates for Youth" resources for educators, and they have a wealth of information. And "Teachers Pay Teachers" which is where the example of the social story that we saw earlier, that is also another website where educators who are working in the system, particularly K12, come up have come up with their own curriculum and things that they've created to use in their classes to talk about these sexual health concepts that we've mentioned.

And one that I'm happy to get to share is the "Friendships and Dating" one that I'm going to share. Well, I wanted to share, but it is, here we go.

Hmm, okay well, what I wanted to show was the "Friendship and Dating" by Oregon, or the program that I'm here, The University Center for Excellence and Developmental Disabilities, has a curriculum that they have developed in partnership with several organizations about a "Friendships and Dating Program", where it is an evidence-based comprehensive approach to teach individuals with intellectual and developmental disabilities the skills needed to develop meaningful relationships and prevent interpersonal violence. And this is, something else that you could use in training and support to adult and high school transition programs and community organizations to teach these skills. And so that is an excellent resource.

And, with that, but there are also resources and videos where, that sex ed is being provided by people with disabilities talking about sex and disabilities.

And, we're going to watch.

[Video]

"Sex Ed for People with IDD." Welcome, why..."

[Pause Video]

Robin:

Okay, one minute.

Morrigan:

Robin, it's not sharing the video. We hear it--we hear, but it's not sharing the video.

Robin:

Okay, one second. I'm going to stop and then I'm going to resume my share.

There, you see the screen now?

Morrigan:

Yep, it's working.

[Resume Video]

"Sex ed for people with IDD."

Welcome.

Why do we have to make a video about sex ed for people with intellectual and developmental disabilities?

When the other kids had sex education, I had to go somewhere else.

Other kids got to learn about birth control, and condoms, and how to be parents, and all anyone ever told me was don't have sex!

My parents had a big discussion about sex with my sister, who doesn't have a disability. But when I was growing up, nobody said anything to me.

There are a lot of myths of sexuality and people with disabilities.

Some people feel people with disabilities aren't sexual and that we don't need sex education at all.

But that's not true.

People also say people with disabilities are too sexual or hypersexual. If they start talking to us about sex we're just going to go right out and start having sex all over the place.

That's not true either.

Other folks think people with IDD don't have the same variety of sexual and gender identity.

We do, and we shouldn't ignore that.

These myths are how people with disabilities are portrayed in the media.

So welcome to our sex ed video for and by people with IDD.

It has different parts, you can skip around, you can watch from beginning to end, it's up to you.

Produced by the National Council on Independent Living and Rooted in Rights, with support from the WITH Foundation.

[Robin]

And so that was a series--that was an introduction to that series. But in that series, there are videos about various different topics that, you know, that they're covering. But, you know, it's coming from, it is produced and narrated by disabled people talking to other disabled people. I like it because it's like a peer-based kind of model.

So people, they have sex with or without sex education. Having sex education can actually lead to making better decisions about when to have sex or not.

Most people are sexual beings, and many people with intellectual and developmental disabilities have communicated that they want to express

their sexuality. If comprehensive sexual health education begins early and is lifelong, people with and without disabilities will be able to learn about sexuality at their own pace.

Thank you.

[Morrigan]
Thanks Robin.

We're actually scheduled for another half hour, so I wondered if you wanted to talk a little bit about--I know you had mentioned earlier about the history of like racism and reproductive justice issues. If you could talk a little bit about some specific strategies that teachers might use to try to make sure that they're including a Reproductive Justice framework when they're teaching sex ed to youth with--or to anyone with disabilities.

[Robin]
Okay, let's do it.

So okay, when talking about how people in this country who have multiple identities that are marginalized, but you know, when they're disabled, that impacts how they get to receive reproductive and sexual and medical health care.

There has, as we know, you know, the Eugenics movement was something that was, like in the early 1900s, that came into being and basically wanting to prevent "undesirable people from reproducing and from having children".

So there's a legislation called Buck v. Bell, which has not been overturned, and basically saying that anyone that is in an institutional setting--that can be you're in a group home, you are under guardianship, or that, you know, you are in a mental behavioral health center, you are in a hospital, if you're in prison, or recently like if you are in the migrant camps, that's what they're doing now. But these policies overwhelmingly have been used against disabled people of color. And it looks different wherever you are in the country because, you know, a lot of the prejudice and racism is, you know, culturally and location-based based.

For instance, in the south, they were sterilizing primarily Black people. Particularly, Black women and sterilizing them. And, but if you go to like California, then you had Asian women who were in institutional settings that were being sterilized. And if you went and also everywhere Indigenous populations, Native American populations. And it's, they've been, doing it not just around in the United States but also in Canada to Indigenous populations with the sterilization.

The ways that educators can talk about that, you can talk to them about their rights, you know, and the rights to have autonomy over your body.

But also, I feel that because it depends—That's going to be one of those areas that might, that is going to be challenging, I feel, for someone in a typical, a teacher in a particularly, in an educational setting to where they can speak out and try to educate around trying to speak up for their rights. Because of the situation that that person might be in, they might not have a lot of control over getting to make those decisions, which is highly unfortunate.

But unfortunately, like I said because *Buck v. Bell* has not been overturned, legally, that people have been allowed to do that. Some things, I mean, you can use as teachers can maybe use as examples in some ways how that happens: It, sometimes it is someone being, rather than like a hysterectomy, they are made to be on birth control or like have an IUD implanted. However, there are other ways that people try to limit the reproductive health of disabled people.

Sometimes, people who are caring for people with disabilities, particularly, and it doesn't even have to be someone with "high needs" or multiple, you know, multiple challenging needs. But there are instances where parents and guardians will strongly suggest and coerce their children to undergo having like a hysterectomy or something to halt having a period because it's seen as having to teach and work with once a month having, you know, menstruation and changing out the pads and all of that stuff. They decided, oh well, that's just inconvenient, so would like to basically, halt that and undergo invasive procedure so that you will not menstruate.

Or, there have been cases where someone with a with a child decided to halt puberty because that would make that child easier to take care of as they grew up.

So, when educating about these things for an educator, there's not, I haven't seen any--and I'm sure that there might be--that that's something to research, but I would like something that has outlined the, you know, legal rights and how you can fight having a procedure done that you don't want.

And that there, I mean, I could see where if someone wanted to do that research, and if they can create--and then of course it's going to look different also in every state, depending on the laws and things that you have there.

There, I mean then we're, you know like I said, we'd be talking about the legal component. And if we're talking about reproductive, when we're talking about reproductive health, and we're talking about inclusion, and we're talking about disabled sexual health, we also need to think about reproductive justice as well.

But, you know, and then reproductive justice. And I do have some resources on that--to some legal information that maybe an educator can look and adapt and if they're wanting to share that with a student. Or perhaps a student is saying like, "Hey, my mom, my family is wanting me to have a procedure so that I won't have any more menstrual cycles, but I don't want that."

So, you know, it's just thinking about that these things can happen so you can have, you know, an educator can kind of have maybe a plan in advance for, you know, to sit there and think about. Because this is what happens, and it happens all over the United States.

So, for me, I think that having a kind of a game plan, putting it together, and having that game plan will be resources of what legal centers that disabled people can contact to protect their rights.

For instance, in Georgia, even though in Georgia, and right now with reproductive health freedom and choices is messed up for everyone, but they do have for disabled people there's the Georgia Advocacy Office. And, the Georgia Advocacy Office deals with all sorts of laws and things related and cases related to helping disabled people fight the issues in discrimination that they face for being disabled. And helping getting people

out of Institutions and being able to live in the community. But, also can go to them to get help fighting things about guardianship or rights about their body.

So, it depends on what your local offices in Oregon. But, I think that almost all states have an advocacy office like that. And so just, you know, maybe how we're talking about too, you know, when doing education and things like that, being able to not just look online for resources or whatever, but also connecting with the community. Connecting with that community that's out there. Connecting with like your Centers for Independent Living (the CILs), Centers for Excellence in Disability Leadership. Connecting with or, whatever, also other local groups, and working with them too to find out solutions and answers for addressing these things.

But, yes, particularly people of color are very much discriminated against in their reproductive health care. And, you know, we can talk about like the maternal mortality rates of Black women and the health care that, because based on, you know, all sorts of things. And a lot of these things arise due to, you know, we're talking about that intersectionality, but they arise due to the prejudice and racism that also exists in medicine.

For instance, you know, it used to be thought that Black women don't feel pain the same way that white women feel. And so, you know, not being given the right kinds of medications. Or having what you're saying that you're experiencing or going through, having that dismissed, or not getting the same kind of attentive care.

You know, I think that it, especially in talking, you know, doing a disability justice-centered approach in teaching sex ed, that you need to talk about these things, and talking about the intersectionality, but also talking about how it isn't the same. You're not going to get the same kind of medical and reproductive health treatment as someone else, and to be aware of that. And to have strategies on, you know, and being able to talk about how do you talk to your doctor. And how to be heard when you are of intersectional identities.

And also, we can also go into, you know, teaching people how to get a medical advocate. To get someone to go with them to help get care and support for their reproductive and sexual health care. Like, having a

patient advocate with you when you're going to the doctor, or getting your gynecological exam, or, you know, things like that.

I think that there can be, I think there are a lot of different avenues that a person could, that an educator could, perhaps, get creative and come up with, and addressing that.

But it is necessary, depending on your population of the people who are in there. And I'm not wanting to say it's just--and also, I do want to reiterate that it is not just people of color that have been sterilized and, or had other ways of having their reproductive health impacted. A key--something that a lot of people kind of know about now is there's the musical artist Britney Spears who was under, I think it was like 12 years or maybe 14 years, or 12 year conservatorship for mental health, and her father was her conservator. And as she was under guardianship, she was forced to have an IUD implanted because her guardian, AKA her father, decided they didn't want her to get pregnant. And so she was, and she wanted to have a baby.

And, so for her--and this is a white woman who is wealthy, talented, internationally known, and, you know, this is an example of how because she had mental illness, this is an example of how the reproductive rights are impacted by someone because of their disability and that somebody else has control of that if this person with a disability is deemed unable to be in control of their decisions about their bodies and their lives. Which is the case when someone is under guardianship or in some kind of an institutionalized setting.

Morrigan:

Thank you, Robin.

We have just a couple minutes left. I wonder if you could say just maybe a little bit more about, I think something that I've seen in a number of curricula for people with disabilities is they don't necessarily always talk about parenting.

Can you speak a little bit more about trying to make sure that when we're teaching sex ed that we don't make assumptions about whether someone will or won't want to be a parent someday.

Robin:

Yes. Okay, that is also very important.

One, and there is curricula I've seen like on Teachers Pay Teachers, that talk about parenting. And they also break it down using social stories and things like that. But, talking about, okay what all would you need to take care of a baby?

You know, are you going, you know--And kind of helping them plan out the process of, "Okay, you're gonna have, you know, the kid is going to need food, it's going to need a place to sleep, it's going to need to be able to go to the doctor." You know, and talking about care.

Because a lot of talk around pregnancy and reproductive health care is very prevention. We're going to prevent pregnancy, we're going to prevent STIs, we're going to prevent bad things from happening. But disabled people have the right to become parents if that is what they so choose and want to do with their life.

And there's, you know, people get lots of push back. From personal experience, I am a disabled mom, and I had to fight with my own healthcare care team. I had an experience, in being able to have my child, and being able to remain pregnant when I found out I was pregnant.

Because I feel like the medical--at least, you know, and like I said, a lot of cultural aspects come into play. I was primarily talking--Every person who was telling me to have an abortion, to telling me that I could not have this baby, was an older white male. Because these were the people who were in charge of doing, like, all my different surgeries and things. They were not supportive, and said some very discriminatory, ugly, racially tinged remarks about assuming the inability of me being able to parent as someone disabled.

For instance, I had a doctor that took one look at me pregnant in the bed--I was going to Rehabilitation Center, so that--I was recovering from a spinal cord injury, and I was pregnant. And he took one look at my body, looked at me up and down, and was like, "If you knew you were going to be, you could get pregnant or something, why didn't you use birth control or something?"

Once again, and so we have these dynamics, and this isn't, you know, like when I was saying culturally, it depends on where you are, where you live, your population, the history of that community. I was in the deep South. I was in Atlanta, Georgia, and this was a much older, you know, I think he was silent generation doctor. And I was, at that time, you know, 30, so it was--that whole dynamic was extremely impactful in demonstrating what a person will experience and other people's attitudes around your ability to be a parent.

But there are lessons out there that break it down in plain language. You know, talking about budgets, talking about, you know, thinking, you know, even getting you to think about like transportation, talking about car seats, talking about all the things like a baby will need, children as they grow.

And so those are, but also, you know, basically upholding the fact that this is your choice, and this is a choice that is available to you and that you can make and you have a right to be supported in making that choice.

But, and also talking about like maybe the community supports that are out there. Particularly I think about this in like transition programs and being able to talk about those things, breaking it down. Talking about the, you know, like I said, talking about the budget, talking about, oh, these are things you can do like for bathing the baby. These are like, you know, maybe basic things like these are the kind of clothes that you're going to need. You know you got to think about diapers, you have to think about are you going to use formula, you know, are you having enough bottles. You know, those sort of things. But, you know, just kind of spelling that out.

Because a lot of people that have a baby, with or without disabilities that are new parents, they're, you know, a lot of this information they don't know in the first place. You know they're sitting here trying to figure it out. But you know, and you know you might ask people. You might go online. You might talk to your own family about these things.

But it would be very helpful, and in my personal opinion, in all sex education classes, we should have that component in talking about parenting and talking about what all that entails. As far as taking, being able to, you know, go through pregnancy, and how to take care of a young child. And also talking about, you know, where can you go for

support. Establishing, writing out like what a support system, you know, explaining what a support system is and giving suggestions and ways to establish that with other people.

Morrigan:

Alright, thank you so much, Robin.

And as a disabled person who's also trying to become a parent, like I, yeah, just thank you for sharing that. I'm so sorry that you had to go through that.

Thank you so much for being here with us and for sharing all of your knowledge. Really appreciate it and you have influenced me a lot as a disabled advocate myself.

So, yeah, and we hope that this recording is helpful for everyone.

Yeah, I guess we'll call it good there.